

BEST AVAILABLE COPY

CLAIMS ONLY						Application Number 10/691591	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1							
2		1					
3							
4							
5							
6		1					
7							
8							
9		1					
10							
11		1					
12		1					
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44							
45							
46							
47							
48							
49							
50							
Total	3						
Indep							
Total Depend	56						
Total Claims	59						
Total							
Indep							
Total Depend							
Total Claims							